U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

[stamp: US DOL ESA Rec'd AUG 17 2005 OLMS ...]

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - *1168*	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name KENNETH MAURER	Name PLUMBERS AFL-CIO LOCAL 101
	Labor Organization File Number 022-594
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 137 IOWA AVENUE	Street 137 IOWA AVENUE
City BELLEVILLE	City BELLEVILLE
State Illinois ZIP Code + 4 62221	State Illinois ZIP Code + 4 62220-3941

5. Position in labor organization.   PRESIDENT

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value **from an employer whose employees your organization represents** or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name N/A	N/A
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	$0
State ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *Jay Maurer*   On *8-15-05*   618-234-5504
Date   Telephone Number

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name N/A	
Trade Name, if any:	☐ a. Labor Organization
P.O. Box, Bldg., Room No., if any	☐ b. Trust
Street	☐ c. Employer
City	
State ZIP Code + 4	

10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	N/A
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	**11.b. Approximate dollar value of such dealing.** $0
State ZIP Code + 4	**12.a. Nature of interest held or income received.**
	N/A
	12.b. Amount. $0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name N/A	N/A
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	**14.b. Amount of payment.** $0

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